

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **80 619702**  
APPLICANT(S)

FILED DATE  
**27-1403**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		0			
2		1		1		1
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
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29		1		1		1
30		1		1		1
31		1		1		1
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35		1		1		1
36		1		1		1
37		1		1		1
38		1		1		1
39		1		1		1
40		15		15		15
41		15		15		15
42		15		15		15
43		15		15		15
44		15		15		15
45		15		15		15
46		15		15		15
47		15		15		15
48		15		15		15
49		15		15		15
50		15		15		15
TOTAL IND.	1		4			
TOTAL DEP.	263		157			
TOTAL CLAIMS	264		157			

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		15				
52		15				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						